MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	D
	IND	DEP	IND	DEP	IND	DEP								
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		4						55						
6		4						56						
7		4						57						
8		1						58						
9		1						59						
10		1						60						
11		1						61						
12		4						62						
13		4						63						
14		4						64						
15		4						65						
16	1							66						
17		1						67						
18	1							68						
19		1						69						
20	1							70						
21		1						71						
22		1						72						
23		1						73						
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41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.	40							TOTAL DEP.						
TOTAL CLAIMS	44							TOTAL CLAIMS						